# UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF FLORIDA

# CIVIL RIGHTS COMPLAINT FORM FOR PRO SE, PRISONER LITIGANTS IN ACTIONS UNDER 28 U.S.C. § 1331 or § 1346 or 42 U.S.C. § 1983

,	
Inmate ID Number:,	
(Write the full name and inmate ID number of the Plaintiff.)	
number of the Planning.)	Case No.:  (To be filled in by the Clerk's Office)
<b>v.</b>	
	Jury Trial Requested? □ YES □ NO
(Write the full name of each Defendant who is being sued. If the names of all the Defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include	
addresses here.)	/

# I. PARTIES TO THIS COMPLAINT

A.	Plaintiff		
	Plaintiff's Name:		ID Number:
	List all other names by wh	nich you have been kno	own:
	Current Institution:		
	Address:		
В.	Defendant(s)		
	State the name of the Defe	ndant, whether an indi	vidual, government agency,
	organization, or corporat	ion. For individual	Defendants, identify the
	person's official position	or job title, and mai	ling address. Indicate the
	capacity in which the Defe	ndant is being sued. D	o this for <i>every</i> Defendant:
	Defendant's Name:		
	Official Position:		
	Employed at:		
	Mailing Address:		
	□ Sued in Individual C	Capacity $\Box$ S	ued in Official Capacity

2.	2. Defendant's Name:	
	Official Position:	
	Employed at:	
	Mailing Address:	
	□ Sued in Individual Capacity □ Sued in Offici	al Capacity
3.	3. Defendant's Name:	
	Official Position:	
	Employed at:	
	Mailing Address:	
	□ Sued in Individual Capacity □ Sued in Offici	al Capacity
	(Provide this information for all additional Defendants in	this case by
	attaching additional pages, as needed.)	

#### II. BASIS FOR JURISDICTION

Under 42 U.S.C. § 1983, you may sue state or local officials for the "deprivation of any rights, privileges, or immunities secured by the Constitution" and federal law. Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain Constitutional rights.

Are you bringing suit against (check all that apply):	
☐ Federal Officials (Bivens case	e)   State/Local Officials (§ 1983 case)
III. PRISONER STATUS	
Indicate whether you are a priso	oner, detainee, or in another confined status:
□ Pretrial Detainee	☐ Civilly Committed Detainee
☐ Convicted State Prisoner	☐ Convicted Federal Prisoner
□ Immigration Detainee	□ Other (explain below):

#### IV. STATEMENT OF FACTS

Provide a short and plain statement of the *facts* which show why you are entitled to relief. Describe how *each* Defendant was involved and what each person did, or did not do, in support of your claim. Identify when and where the events took place, and state how each Defendant caused you harm or violated federal law. Write each statement in short numbered paragraphs, limited as far as practicable to a single event or incident. *Do not make legal argument, quote cases, cite to statutes, or reference a memorandum.* You may make copies of the following page if necessary to supply all the facts. Barring extraordinary circumstances, no more than five (5) additional pages

rate civil rights complaint.		
addressed in a separate civil rights complaint.		

Statement of Facts Continued (Page of)				
		<del></del>	<del></del>	

# V. STATEMENT OF CLAIMS

State what rights under the Constitution, laws, or treaties of the United States
have been violated. Be specific. If more than one claim is asserted, number
each separate claim and relate it to the facts alleged in Section III. If more than
one Defendant is named, indicate which claim is presented against which
Defendant.

# VI. RELIEF REQUESTED

State briefly what relief you seek from the Court. Do not make legal
arguments or cite to cases/ statutes. If requesting money damages (either
actual or punitive damages), include the amount sought and explain the basis
for the claims.

ATTENTION: The Prison Litigation Reform Act ("PLRA") does not permit awards for punitive or compensatory damages "for mental or emotional injury suffered while in custody without a prior showing of physical injury or the commission of a sexual act . . . ." 42 U.S.C. § 1997e(e).

#### VII. EXHAUSTION OF ADMINISTRATIVE REMEDIES

The PLRA requires that prisoners exhaust all available administrative remedies (grievance procedures) before bringing a case. 42 U.S.C. § 1997e(a). ATTENTION: If you did not exhaust available remedies prior to filing this case, this case may be dismissed.

#### VIII. PRIOR LITIGATION

ATTENTION: The "three strikes rule" of the PLRA bars a prisoner from bringing a case without full payment of the filing fee at the time of case initiation if the prisoner has "on three or more prior occasions, while incarcerated or detained in any facility, brought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of serious physical injury." 28 U.S.C. § 1915(g).

A.	To the best of your knowledge, have you had any case dismissed for a
	reason listed in § 1915(g) which counts as a "strike"?
	□ YES □ NO
	If you answered yes, identify the case number, date of dismissal and
	court:
	1. Date: Case #:
	Court:
	2. Date: Case #:
	Court:
	3. Date: Case #:
	Court:
	(If necessary, list additional cases on an attached page)
В.	Have you filed other lawsuits in either state or federal court dealing with
	the same facts or issue involved in this case?
	□ YES □ NO
	If you answered yes, identify the case number, parties, date filed, result
	(if not still pending), name of judge, and court for each case (if more
	than one):
	1. Case #: Parties:

		Court:	Judge:	
		Date Filed: _	Dismissal Date (if not pending):	
		Reason:		
	2.		Parties:	
		Court:	Judge:	
		Date Filed: _	Dismissal Date (if not pending):	
		Reason:		
C.	Н	ave you filed a	ny other lawsuit in federal court either challenging you	
	co	nviction or oth	nerwise relating to the conditions of your confinement?	
		YES □ NO		
If		you answered yes, identify all lawsuits:		
	1.	Case #:	Parties:	
		Court:	Judge:	
		Date Filed: _	Dismissal Date (if not pending):	
		Reason:		
	2.	Case #:	Parties:	
		Court:	Judge:	
		Date Filed: _	Dismissal Date (if not pending):	
		Reason:		
	3.		Parties:	

	Court:	Judge:
	Date Filed:	Dismissal Date (if not pending):
	Reason:	
4.	Case #:	Parties:
	Court:	Judge:
	Date Filed:	Dismissal Date (if not pending):
	Reason:	
5.	Case #:	Parties:
	Court:	Judge:
	Date Filed:	Dismissal Date (if not pending):
	Reason:	
6.	Case #:	Parties:
	Court:	Judge:
	Date Filed:	Dismissal Date (if not pending):
	Reason:	
	(Attach additional pag	es as necessary to list all cases. Failure to
	disclose all prior cases	s may result in the dismissal of this case.)

### IX. CERTIFICATION

I declare under penalty of perjury that the foregoing (including all continuation pages) is true and correct. Additionally, as required by Federal

Rule of Civil Procedure 11, I certify that to the best of my knowledge, information, and belief, this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11. I agree to timely notify the Clerk's Office if there is any change to my mailing address. I understand that my failure to keep a current address on file with the

Clerk's Office may result in the dismissal of my case.

Date: Plaintiff's Signature: _	
Printed Name of Plaintiff:	
Correctional Institution:	
Address:	

I certify and declare, under penalty of perjury, that this complaint was (check one) □ delivered to prison officials for mailing or □ deposited in

the prison's mail system for mailing on the day of	•
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Signature of Incarcerated Plaintiff:	